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INTERNATIONAL DRUG CONTROL

Implementation of the United Nations System-wide Action Plan on Drug Abuse Control

Report of the Secretary-General

Corrigendum

1. Page 9

(a) Paragraph 30

The paragraph should read

30. WHO initiated three projects on cocaine abuse (together with the United Nations Interregional Crime and Justice Research Institute), projects on the revision of the WHO manuals on drug abuse epidemiology and on the prevention of substance abuse in small island States and a preliminary research project on drugs and sports. A project on the prevention of abuse of substances by out-of-school and street children was implemented in seven core countries: Brazil, Egypt, Honduras, India, Mexico, Philippines and Zambia. Following a review of international literature and a meeting held at Geneva in December 1992, a project on prevention of abuse of volatile substances was launched in Bangladesh, Côte d'Ivoire, Guatemala, Morocco, New Zealand, the Philippines and Romania. WHO also initiated in 1992 a review of the international literature on alcohol and drug abuse as it relates to sexual behaviour. At the request of the Government of Bolivia, a national demand reduction plan was prepared, in close cooperation with UNDCP and UNESCO. WHO served as executing agency for UNDCP-funded demand reduction projects in Brazil and Sri Lanka. Furthermore, WHO prepared a position paper on its approach to demand reduction as a contribution to the Inter-Agency Meeting on Coordination in Matters of International Drug Abuse Control, as well as audio-visual presentations on the prevention of alcohol and drug abuse for use in primary health-care settings. Similar contributions were also made by ILO.

(b) After paragraph 30, insert a new paragraph, reading

31. WHO set up a sentinel surveillance system to monitor trends in the health consequences of substance use. This Abuse Trends Linkage Alerting System (ATLAS) became available in 1992 and is compatible with other data-reporting activities of the United Nations. It has provided a context for revising existing WHO epidemiological instruments on drug abuse. Implementation of a project on women and drug abuse continued throughout the year. The project assessed special risks of substance abuse to women's health and the special role that women can play in responding to substance abuse. The activities contributed to the development of a global report that will provide recommendations for future studies, advocacies and preventive and treatment intervention. The WHO Expert Committee on Drug Dependence, in its twenty-eighth report, redefined the concept of drug dependence, linking it closely to the International Classification of Diseases (tenth edition) diagnostic criteria for dependence syndrome, and made a number of recommendations on a wide range of issues involved in the prevention and management of drug dependence and other drug-related problems.

(c) Renumber the remaining paragraphs accordingly.

2. Page 10, paragraph 39

(a) Line 3: delete ILO and

(b) Line 11: (i) for Forum read Federation

(ii) after Organizations insert for the Prevention of Drugs and Substance Abuse on a

3. Page 11, paragraph 40

(a) Line 5: At the end of the second sentence, insert a new sentence, reading

Initiatives to develop cost-effective community-based approaches to the treatment and rehabilitation of psychoactive substance abusers have been identified and evaluated, and the merging of those initiatives with primary health care for dissemination in developing areas with high prevalence rates of substance abuse has been recommended.

(b) After paragraph 41 and subheadings under (C), insert a new paragraph, reading

42. The Crime Prevention and Criminal Justice Branch has cooperated with the WHO Global Programme on AIDS in developing guidelines for dealing with HIV and AIDS in prison. The guidelines recommend measures concerning drug abuse in prisons and the transmission of HIV by intravenous injection using shared needles, as well as counselling for prisoners both in prison and upon being released.

(c) Renumber the remaining paragraphs accordingly.

4. Page 14, paragraph 57

The paragraph should read

57. The WHO Programme on Substance Abuse initiated a project on international control of dependence-producing substances and a study (in collaboration with the Addiction Research Foundation) on the influence of regulatory control on the use and abuse of benzodiazepines in Chile. WHO also supported national efforts to upgrade their regulatory control systems and promoted the rational therapeutic use of controlled substances. The implementation of a project involving an early warning system on the abuse liability of medicinal psychoactive drugs continued. The WHO Expert Committee on Drug Dependence, in its twenty-eighth report, addressed the issue of the preparation of a model prescribing information on analgesics, in order to clarify the relationship between the risk of dependence and therapeutic benefits so as to reduce excessive fear of dependence on the part of some practitioners. In order to promote the reporting of abuse-related adverse drug reactions, guidelines for case identification and reporting were developed in 1992 for use by reporting hospitals. National centres for monitoring adverse drug reactions in Bulgaria, China, Costa Rica, Hungary, Indonesia, Malaysia, Morocco, Turkey and Zimbabwe were supported in their activities. WHO also organized in 1992 training in laboratory control for scientists from Guinea, Pakistan and Tunisia. Support to strengthen a quality control laboratory in Benin started, and workplans for Ethiopia, Mozambique and Nigeria were developed.

Page 18, paragraph 70

Insert the following text at the end of subparagraph 70 (h)

Other United Nations bodies

71. In general, UNDP support at the national level in drug abuse control falls into three categories:

(a) Technical assistance programmes financed through indicative planning figures (IPFs), special programme resources and government cost-sharing made available through UNDP;

(b) Support through the UNDCP field office network to facilitate activities of the United Nations system related to drug abuse control and to promote better coordination between Governments and the system at the country level;

(c) Execution by the UNDP Office for Projects Services of projects financed by UNDCP, UNDP, IFAD and other sources.

72. The majority of technical assistance activities continue to take place in the Asian and Latin American regions, although a major initiative is being developed in the Middle East subregion. The reasons for this concentration are related to the past willingness of Governments to request support and to historical production/trafficking factors, which are indigenous and differ from region to region.

73. It is becoming increasingly apparent in this field that Governments see UNDP assistance as most relevant to (a) the cross-sectoral areas which are difficult to approach from traditional entry points in which United Nations agencies have expertise, and (b) the development action which complements the more focused drug abuse control activities of UNDCP.

74. The UNDP approach to prevention and control activities can readily fit into the overall UNDP strategies on sustainable human development. This has opened new areas of advocacy and created non-traditional forms of assistance. One example is a project in Latin America, approved under special programme resource financing, which examines key issues of national macroeconomic distortions and capital flows connected to drug abuse. Another very different example is UNDP collaboration, under the auspices of the Joint Consultative Group on Policy (JCGP), which is comprised of the United Nations Children's Fund, UNDP, the United Nations Population Fund, the World Food Programme and IFAD. In 1992, JCGP formed a Task Force on Drug Abuse Control and invited UNDCP to participate. On an experimental basis the above-mentioned organizations will jointly programme, at the country level, resources related to drug abuse control objectives. The priority countries agreed on are Bolivia and Pakistan, and Colombia and the Lao People's Democratic Republic are backup possibilities.

Renumber the subsequent paragraphs accordingly.

Page 21, paragraph 87

The paragraph should read

87. The WHO Programme on Substance Abuse had continuously attempted to strengthen working contacts with other United Nations entities, particularly UNDCP, in order to identify appropriate measures whereby the WHO system could support the health components of programme-integrated alternative development projects aimed at reducing the supply of illicit drugs. The WHO Programme on Substance Abuse collaborated with INCB on a regular basis and was represented at INCB sessions. WHO missions, often organized jointly with UNDCP, evaluated drug programmes in Afghanistan, Bolivia, Brazil, Chile, China, Estonia, Hong Kong, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Macao, Sri Lanka, Tajikistan, Turkmenistan and Uzbekistan. WHO participated in 1992 in international group training activities for regulatory control personnel organized by UNDCP/INCB in China and Côte d'Ivoire, as well as in a similar course organized by the Government of Japan. Other collaborating organizations in 1992 included UNHCR, UNICEF, UNDP, UNICRI, ILO, UNESCO and the World Bank.